

Subject Transition from Public Health Emergency; Continuous Eligibility

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Overview

This bill provides continuous MA eligibility for children, modifies certain DHS eligibility procedures to provide a transition from the federal public health emergency, provides state-funded cost-sharing reductions for persons purchasing silver level plans through MNSure, and appropriates money to the commissioner of human services and the MNSure board.

Section 1 requires MNSure, beginning January 1, 2024, to implement a state-funded cost-sharing reduction program for persons with incomes greater than 200 percent but not exceeding 250 percent of FPG, who purchase a silver plan.

Section 2 provides continuous MA eligibility, effective January 1, 2024, for children under age six through the month the child reaches age six, and 12-month continuous eligibility for older children up to age 21. The federal Consolidated Appropriations Act of 2023 requires state Medicaid programs to provide 12-month continuous eligibility for children under age 19, by January 1, 2024. Continuous eligibility under MA allows individuals to remain eligible for a specified period, regardless of any changes in income or other eligibility criteria.

Sections 3 and 4 modify DHS procedures related to the termination of the federal public health emergency on May 11, 2023. During the public health emergency, states were initially required to maintain eligibility for individuals on MA by temporarily halting most eligibility renewals and taking other steps to ensure continuous coverage for enrollees, in order to receive an enhanced federal match. The Consolidated Appropriations Act of 2023 ends these requirements and allows states to begin MA eligibility redeterminations on April 1. These sections contain provisions that govern the transition from continuous coverage under the public health emergency.

Sections 5 and 6 appropriate money from the general fund to the commissioner of human services and the MNSure board, to implement the provisions in the bill.

Summary

Section	Description
1	<p>State-funded cost-sharing reductions. Adds § 62V.12.</p> <p>Subd. 1. Establishment. (a) Requires the MNsure board to establish and administer a cost-sharing reduction program for eligible persons enrolling in a silver level qualified health plan. Requires the program to be implemented for plan years beginning on or after January 1, 2024.</p> <p>(b) Defines an “eligible person” as an individual who meets the eligibility criteria to receive a cost-sharing reduction under federal regulations (these include eligibility to purchase coverage on the exchange and a household income that does not exceed 250 percent of FPG).</p> <p>Subd. 2. Reduction in cost-sharing. Requires the program to use state funds to reduce enrollee cost-sharing, by raising the actuarial value of silver plans from 73 to 87 percent. (Actuarial value is the percentage of average costs for covered benefits that a plan covers.)</p> <p>Subd. 3. Administration. Requires the board to allow eligible persons to enroll in a silver level plan with a state-funded cost-sharing reduction, modify the MNsure shopping tool to display the total cost-sharing reduction benefit, and reimburse health carriers on a quarterly basis for the cost of providing the state-funded cost-sharing reductions.</p>
2	<p>Period of eligibility. Amends § 256B.056, subd. 7. Provides continuous eligibility under MA for a child under age six, through the month in which the child reaches age six.</p> <p>Provides continuous eligibility for 12 months for children age six but under age 21.</p> <p>Allows continuous eligibility to be terminated if: the child or the child’s representative requests voluntary termination; the child ceases to be a resident; the child dies; or the agency determines eligibility was erroneously granted due to agency error, or fraud, abuse, or perjury.</p> <p>States that the section is effective July 1, 2024, or upon federal approval, whichever is later.</p>
3	<p>Waivers and modifications; federal funding extension. Amends Laws 2020, First Special Session chapter 7, section 1, subdivision 1, as amended. Allows DHS COVID waiver CV 17 (preserving health coverage under MA and MinnesotaCare) to remain in effect as needed to comply with federal guidance,</p>

Section	Description
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and until the enrollee's first renewal following the resumption of MA and MinnesotaCare renewals after March 31, 2023. States that the section is effective the day following final enactment.

4 Response to COVID-19 public health emergency.

Amends Laws 2021, First Special Session chapter 7, article 1, section 36. The amendment to paragraph (a) extends the prohibition on collecting unpaid MA employed persons with disabilities (MA-EPD) premiums through the month prior to an enrollee's first renewal following the resumption of MA renewals after March 31, 2023. (Under current law, this extends until the end of the federal public health emergency.) Also makes a conforming change related to language on MinnesotaCare premiums that is reinstated in paragraph (g).

The amendment to paragraph (b) allows periodic data matching to be suspended for up to 12 months following the resumption of MA and MinnesotaCare renewals after March 31, 2023. (Under current law, this is suspended for up to six months following the end of the federal public health emergency.)

A new paragraph (d) requires assets for persons enrolled in MA as of March 31, 2023, as elderly, blind, or persons with disabilities, that exceed the program asset limit for those groups (\$3,000 for a household of one/\$6,000 for a household of two), to be disregarded until their second annual renewal following the resumption of renewals after March 31, 2023.

A new paragraph (e) allows the commissioner to temporarily adjust MA eligibility verification requirements as needed to comply with federal guidance and ensure timely renewals, for the period during which enrollees are subject to their first annual renewal after March 31, 2023. Requires the commissioner to implement controls to monitor the effectiveness of these adjustments and ensure program integrity.

A new paragraph (f) allows the commissioner to temporarily extend the timeframe to take final administrative action on fair hearing requests from MA recipients, until the end of the 23rd month after the end of the month in which the federal public health emergency ends. Requires the commissioner, during this time period, to:

- 1) not delay resolving expedited fair hearings;
- 2) provide MA benefits, pending the outcome of a fair hearing decision, to any MA recipient who requests a fair hearing in a timely manner, and regardless of whether benefits have been requested;
- 3) reinstate MA benefits back to the date of action, if the recipient requests a fair hearing in a timely manner;

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- 4) take final administrative action within the 90 days permitted under federal regulations, for fair hearing requests where MA benefits cannot be provided pending the outcome of the fair hearing;
- 5) not recoup or recover from the recipient the cost of MA benefits provided pending final administrative action, even if the agency action is sustained; and
- 6) not use this authority as justification for a delay in taking final action, and only exceed the federal 90-day time limit for taking final action to the extent the commissioner is unable to take timely action on a fair hearing request.

A new paragraph (g) prohibits the commissioner from collecting unpaid MinnesotaCare premiums for a coverage month that occurred during the federal public health emergency.

States that this section is effective the day following final enactment, or upon federal approval, whichever is later.

5 Department of Human Services appropriations.

Appropriates money from the general fund to the commissioner of human services by budget category, for fiscal years 2024 and 2025, and also for fiscal year 2023 for MinnesotaCare and MA. Also specifies the general fund base for these activities, for fiscal years 2026 and 2027. States that the section is effective the day following final enactment.

6 MNsure appropriations.

Appropriates money from the general fund to the MNsure board for fiscal years 2024 and 2025 for cost-sharing subsidies, and specifies the general fund base for fiscal years 2026 and 2027.



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